

Appl. No. 10/763,491
Dkt. No. MILA. 36091



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF: J. WILLIAM DOANE et al.

Serial No. 10/763,491 Examiner: not yet assigned
Filed: January 23, 2004 Group Art Unit: not yet assigned
Title: ADHESIVE APPLICATOR
Docket No.: MILA.36091

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Please make the following amendment to the above-referenced patent application prior to the examination thereof.

Amendments to the Claims begin of page 2 of this paper
Remarks begin on page 26 of this paper.

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as first class mail addressed to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the dated indicated below.

Date: April 29, 2004 By: Hellen M. Gyzelski



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of Robert S. Burns

Serial No.: 10/763,491

Examiner: Not yet Assigned

Group Art Unit: Not Yet Assigned

Filed: January 23, 2004

For: ADHESIVE APPLICATOR

Docket: mila.36091

PEARNE & GORDON
1801 East 9th Street
Suite 1200
Cleveland, OH 44114
Telephone: (216) 579-1700
Facsimile: (216) 579-6073
E-mail: ip@pearnegordon.com

Box Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment/response for this application.

STATUS

2. Applicant is

XX a small entity -- verified statement:

_____ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Ellen M. Grzelak

(Type or print name of person mailing paper)

Date: 4/29/04

Ellen M. Grzelak

(Signature of person mailing paper)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) _____ Applicant petitions for an extension of time for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
_____	one month	\$ 110.00	\$ 55.00
_____	two months	420.00	210.00
_____	three months	950.00	475.00
_____	four months	1,480.00	740.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) XX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	Small Entity	Other than a Small Entity
Claims Remaining	Highest No.	Present	Addit.		Addit.
After Amendment	Previously	EXTRA Paid for	Rate	Fee	Rate Fee
TOTAL	79 MINUS * 76 = 3	x 9 =	x	18 =	\$27.00
INDEP.	3 MINUS ** 3 =	x 43 = \$	x	86 =	\$-0-
First Presentation of Multiple Dep. Claim		x140 = \$	x	290 =	\$-0-
		Total \$	or	Total	\$27.00

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

** If the Highest No. Previously Paid for in this space is less than 3, enter "3".

c) _____ No additional claim fee is required

OR

(d) XX Total additional claim fee required \$ 27.00

FEE PAYMENT

5. XX Attached is a check in the sumount of \$ 27.00 as apyment for additional claims fee
Charge Account No.16,0820 in the sum of \$ _____


Fee Deficiency

6. XX If any additional extension and/or fee is required, this is the request therefor and to charge Account No.
16,0820 our order no. MILA.36091

And/Or

- XX If any additional fee for claims is required, charge Account No. 16,0830, our order no. MILA. 36091.

Reg. No.: 34,722


Signature of Attorney

Tel. No.: (216) 579-1700

Fax No.: (216) 579-6073

Richard A. Sharpe

Type or Print Name of Attorney